

| MEDICAL RECORD  |   | HISTOCHEMICAL EVALUATION OF MUSCLE BIOPSY   |  |
|---|---|---|--|
| DATE  | MUSCLE BIOPSY   |   |  |
| MUSCLE BIOPSY NUMBER  | <input type="checkbox"/> Quadriceps <input type="checkbox"/> Deltoid <input type="checkbox"/> Right<br><input type="checkbox"/> Biceps <input type="checkbox"/> Other <input type="checkbox"/> Left |   |  |
| STUDIES PERFORMED (The Following Stains Were Performed on 10µ Frozen Sections):   |   |   |  |
| <input type="checkbox"/> Haematoxylin & Eosin (H&E) <input type="checkbox"/> Non-Specific Esterase <input type="checkbox"/> Oil-Red-O <input type="checkbox"/> Cytochrome Oxidase (COX)<br><input type="checkbox"/> Adenosine Triphosphate 9.4 (ATPase) <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Periodic Acid Schiff (PAS) <input type="checkbox"/> Calcium<br><input type="checkbox"/> Adenosine Triphosphate 4.6 (ATPase) <input type="checkbox"/> Acid Phosphatase <input type="checkbox"/> Phosphorylase <input type="checkbox"/> Dystrophin<br><input type="checkbox"/> Trichrome <input type="checkbox"/> Crystal Violet/Congo Red <input type="checkbox"/> Succinic Dehydrogenase(SDH) <input type="checkbox"/> Other<br><input type="checkbox"/> Nicotinamide Adenine Dinucleotide (Reduced) - Tetrazolium Reductase (NADH-TR)   |   |   |  |
| FIBER SIZE AND SHAPE  |   | FIBER TYPE DISTRIBUTION   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Atrophic:<br><input type="checkbox"/> Hypertrophic <input type="checkbox"/> Round: <input type="checkbox"/> Scattered<br><input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Angulated<br><input type="checkbox"/> Perifascicular <input type="checkbox"/> In Groups   |   | <input type="checkbox"/> Normal <input type="checkbox"/> Type I Predominance:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Boarderline<br><input type="checkbox"/> Type II Predominance:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Boarderline                                     |  |
| FIBER CYTOARCHITECTURE  |   |   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Tubular Aggregates <input type="checkbox"/> Targets <input type="checkbox"/> Snake-Coils<br><input type="checkbox"/> Necrosis <input type="checkbox"/> Degen/Regen <input type="checkbox"/> Targetoids/Core <input type="checkbox"/> Increased Glycogen<br><input type="checkbox"/> Phagocytosis <input type="checkbox"/> Ragged Red Fibers <input type="checkbox"/> Rings <input type="checkbox"/> Increased Lipid Droplets<br><input type="checkbox"/> Spitting <input type="checkbox"/> Rods <input type="checkbox"/> Moth-Eaten <input type="checkbox"/> Cytochrome Oxidase Negative (COX)<br><input type="checkbox"/> Vacuoles (Type) _____ <input type="checkbox"/> Amyloid <input type="checkbox"/> Other _____   |   |   |  |
| NUCLEI  |   | CELLULAR RESPONSE   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Multiple<br><input type="checkbox"/> Internal <input type="checkbox"/> Nuclear Clumps  |   | <input type="checkbox"/> None <input type="checkbox"/> Inflammatory:<br><input type="checkbox"/> Mild<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Focal, Endomysial<br><input type="checkbox"/> Perivascular<br><input type="checkbox"/> Perimysial<br><input type="checkbox"/> Diffuse<br><input type="checkbox"/> Proportional/Excessive to the Degree of Necrosis |  |
| BLOOD VESSELS   |   |   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Perivascular Inflammation (Mild, Moderate)<br><input type="checkbox"/> Thickened <input type="checkbox"/> Other _____  |   |   |  |
| CONNECTIVE TISSUE   |   |   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Alkaline Phosphatase-Positive<br><input type="checkbox"/> Increased  |   |   |  |
| OTHER OBSERVATIONS  |   |   |  |
|   |   |   |  |
| DIAGNOSIS   |   |   |  |
| <input type="checkbox"/> Normal <input type="checkbox"/> Myopathy:<br><input type="checkbox"/> Abnormal <input type="checkbox"/> Active/Necrotizing<br><input type="checkbox"/> Inflammatory<br><input type="checkbox"/> Chronic, Non-inflammatory, Morphologically Non-Specific<br><input type="checkbox"/> Metabolic (Type) _____<br>_____<br><input type="checkbox"/> Non-Diagnostic<br><input type="checkbox"/> End-Stage Disease<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Combination of:  |   |   |  |
| <input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked<br><input type="checkbox"/> Denervation (With Reinnervation):<br><input type="checkbox"/> Recent <input type="checkbox"/> Chronic<br><input type="checkbox"/> Selective Atrophy of Type I Fibers:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Borderline<br><input type="checkbox"/> Selective Atrophy of Type II Fibers:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Borderline<br><input type="checkbox"/> Predominance of Type I Fibers:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Borderline<br><input type="checkbox"/> Predominance of Type II Fibers:<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Borderline |   |   |  |
| COMMENT   |   |   |  |
|   |   |   |  |
| SIGNATURES  |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; padding-right: 10px;">Date</div> </div> </div> <div style="text-align: center; margin-top: 10px;">Clinical Associate, Neuromuscular Disease Section, NINDS</div>  |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; padding-right: 10px;">Date</div> </div> </div> <div style="text-align: center; margin-top: 10px;">Chief, Neuromuscular Disease Section, NINDS</div>   |   |   |  |
| Patient Identification  |   | HISTOCHEMICAL EVALUATION OF MUSCLE BIOPSY   |  |
|   |   | NIH-2701 (10-95)<br>P.A. 09-25-0099<br>File in Section 3: Tissue Exam   |  |